



Senate

General Assembly

File No. 451

January Session, 2005

Substitute Senate Bill No. 1236

Senate, April 20, 2005

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE REIMPORTATION OF PRESCRIPTION DRUGS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective from passage*) (a) The Commissioner of
- 2 Public Health shall enter into discussions with states participating in
- 3 the I-SaveRx prescription drug program implemented by the state of
- 4 Illinois in October 2004, for the purpose of establishing, not later than
- 5 January 1, 2006, a memorandum of understanding between the state of
- 6 Connecticut and the state of Illinois that allows all Connecticut
- 7 residents to purchase prescription drugs through the program.
- 8 (b) The Commissioner of Public Health, in consultation with the
- 9 Commission of Pharmacy and the Attorney General, shall:
- 10 (1) Evaluate the I-SaveRx prescription drug program for the
- 11 purpose of assessing whether the proposed terms of the memorandum
- 12 of understanding with the state of Illinois would meet all of the current

13 levels of safety and quality assurance afforded Connecticut residents
14 with respect to the purchase of prescription drugs and whether the
15 proposed terms would provide Connecticut residents who enroll in the
16 program access to more affordable prescription drugs.

17 (2) Evaluate the I-SaveRx prescription drug program to assess
18 whether Connecticut residents would be required to compromise any
19 legal rights as a condition of participating in the program.

20 (3) Not later than one month after the effective date of this section,
21 and every three months thereafter, submit written reports to the joint
22 standing committee of the General Assembly having cognizance of
23 matters relating to public health detailing the status of negotiations
24 with the state of Illinois with respect to the memorandum of
25 understanding and, upon implementation of the program in
26 Connecticut, an analysis of participation in the program by
27 Connecticut residents.

28 (c) Upon implementation of the I-SaveRx prescription drug program
29 in Connecticut, the Commissioner of Social Services shall convene a
30 working group consisting of the Commissioners of Public Health,
31 Health Care Access, Social Services and Consumer Protection, or their
32 designees, and a member of the Commission of Pharmacy. The
33 working group shall be responsible for (1) submitting
34 recommendations to the Governor and to the joint standing
35 committees of the General Assembly having cognizance of matters
36 relating to public health and appropriations and the budgets of state
37 agencies concerning the amount of funding necessary to adequately
38 publicize and market the program; (2) developing communications
39 and marketing tools for the program, including enrollment forms,
40 explanatory brochures, a website and promotional items; and (3)
41 directing outreach and material distribution to all health care
42 providers and relevant health care associations.

43 (d) If a memorandum of understanding allowing all Connecticut
44 residents to purchase prescription drugs through the I-SaveRx
45 prescription drug program is not established on or before January 15,

46 2006, the Commissioner of Public Health shall submit, in accordance
47 with the provisions of section 11-4a of the general statutes, a written
48 report to the joint standing committee of the General Assembly having
49 cognizance of matters relating to public health specifying the reasons
50 why purchasing drugs through the program (1) would reduce the level
51 of safety and quality assurance currently afforded Connecticut
52 residents with respect to the purchase of prescription drugs, (2) would
53 not provide Connecticut residents with greater access to more
54 affordable prescription drugs, or (3) would compromise the legal
55 rights of persons participating in the program.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	New section
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PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 06 \$	FY 07 \$
Public Health, Dept.	GF - Implements the Budget	100,000	0
Consumer Protection, Dept.	GF - None	None	None
Attorney General	GF - Cost	Potential Minimal	Potential Minimal
Social Services, Dept.	GF - None	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

Funding, in the amount of \$100,000, has been included under the budget of the Department of Public Health (DPH) within sHB 6671 (the FY 06-07 Appropriations Act, as favorably reported by the Appropriations Committee) to support the costs of consultant services needed to assist in the development of the required memorandum of understanding, evaluate the I-SaveRx program and contribute to the production of reports. It is expected that the Department of Consumer Protection (DCP) will be able to assist the DPH within its anticipated budgetary resources.

The bill requires the Office of the Attorney General (OAG) to consult with the DPH regarding the establishment of a memorandum of understanding between the state of Connecticut and the state of Illinois. The OAG may incur costs, which are anticipated to be minimal, associated with travel and other expenses as a result of this requirement.

The bill also requires the Department of Social Services to convene a working group including the Commissioners of Public Health, Health Care Access, Consumer Protection and a member of the Commission

of Pharmacy. This group must develop communications and marketing tools for the I-SaveRX program, direct outreach and material distribution to health care providers and relevant health care associations, and make recommendations to the Governor and General Assembly concerning funding necessary to publicize the program. It is unclear whether the group must still develop the marketing tools and publicize the program if the group's recommendation concerning necessary funding is not positively acted upon by the Governor and General Assembly.

OLR Bill Analysis

sSB 1236

AN ACT CONCERNING THE REIMPORTATION OF PRESCRIPTION DRUGS**SUMMARY:**

This bill directs the public health commissioner to investigate the possibility of Connecticut joining a prescription drug reimportation program established by Illinois known as "I-SaveRx." The commissioner must enter into discussions with other participating states (see BACKGROUND) and attempt to reach a memorandum of understanding (MOU) with Illinois by January 1, 2006.

The bill directs the commissioner, along with the pharmacy commission and the attorney general to evaluate the I-SaveRx program from Connecticut's perspective and report to the Public Health Committee.

If the state implements the program the Department of Social Services (DSS) commissioner must convene a working group addressing marketing, outreach, enrollment, and funding issues.

EFFECTIVE DATE: Upon passage

I-SAVERX PROGRAM DEVELOPMENT***Program Evaluation***

The bill directs the health commissioner to enter into discussions with states participating in the I-SaveRx prescription drug program implemented in Illinois in October 2004. By January 1, 2006, the commissioner must establish an MOU between Connecticut and Illinois allowing Connecticut residents to purchase drugs through the program.

DPH, in consultation with the Commission on Pharmacy and the attorney general, must

1. evaluate the I-SaveRx program to determine if the proposed MOU's terms meet all current safety and quality assurance Connecticut residents have in purchasing drugs and whether it provides state residents access to more affordable drugs;
2. evaluate the I-SaveRx program to determine if Connecticut residents would be compromising any legal rights as a condition of participation; and
3. within one month from the bill's effective date and every three months afterwards, provide written reports to the Public Health Committee on the status of negotiations with Illinois and, after implementation in Connecticut, an analysis of program participation.

Failure to Reach an MOU

DPH must report to the Public Health Committee if an MOU is not reached by January 15, 2006. The report must address why purchasing drugs through the program would (1) reduce the level of safety and quality of drugs currently afforded Connecticut residents, (2) not provide greater access to more affordable drugs, or (3) compromise the legal rights of participants.

WORKING GROUP

The bill directs the DSS commissioner to convene a working group after the I-SaveRx program implementation. It includes the public health, office of health care access, social services, and consumer protection commissioners and a Pharmacy Commission member. This group must (1) make recommendations to the governor and the Public Health and Appropriations committees on funding to adequately market the program; (2) develop communications and marketing tools such as enrollment forms, brochures, promotional items, and a website; and (3) direct outreach and material distribution to all health care providers and relevant health care associations.

BACKGROUND

Illinois I-SaveRx Prescription Drug Program

The program allows Illinois residents to refill prescriptions for the most common brand-name prescription drugs used to treat chronic

illnesses from a network of inspected and approved pharmacies in Canada, the United Kingdom, and Ireland. This mail order-based program is accessible through a website and 24 hour toll free telephone number. The program also includes provisions to ensure the safety and quality of the prescriptions by requiring the inspection and approval of the pharmacies that participate.

Illinois has contracted with a pharmacy benefits manager for program services. I-SaveRx users are provided with a list of the program's medications, prices in each of the countries, and enrollment forms and guidance.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 16 Nay 8